



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2009 MCO Rate Codes - Eval & Mgmt

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Applicable FARS/DFARS apply.*

PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99174	OCULAR PHOTOSCREENING WITH INTERPRETATION AND REPORT, BILATERAL	BR	BR	1/1/2008
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$35.61	\$21.86	10/1/2008
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$61.21	\$42.24	10/1/2008
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$89.73	\$64.86	10/1/2008
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$136.92	\$107.98	10/1/2008
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$172.00	\$140.43	10/1/2008
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$19.42	\$8.30	10/1/2008
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$36.72	\$21.86	10/1/2008
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$59.03	\$41.59	10/1/2008
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$88.74	\$64.98	10/1/2008
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$120.01	\$93.28	10/1/2008
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PH	\$64.10	\$64.10	10/1/2008
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$60.41	\$60.41	10/1/2008
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$99.29	\$99.29	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$139.70	\$139.70	10/1/2008
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT W	\$84.29	\$84.29	10/1/2008
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$116.01	\$116.01	10/1/2008
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$170.44	\$170.44	10/1/2008
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$35.12	\$35.12	10/1/2008
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$62.73	\$62.73	10/1/2008
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$89.96	\$89.96	10/1/2008
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$121.15	\$121.15	10/1/2008
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$159.70	\$159.70	10/1/2008
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$198.62	\$198.62	10/1/2008
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$64.14	\$64.14	10/1/2008
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$92.09	\$92.09	10/1/2008
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$47.27	\$31.27	10/1/2008



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99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$87.87	\$65.97	10/1/2008
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$120.58	\$91.98	10/1/2008
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$176.84	\$144.16	10/1/2008
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$218.24	\$181.10	10/1/2008
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$45.32	\$45.32	10/1/2008
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$72.06	\$72.06	10/1/2008
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$107.56	\$107.56	10/1/2008
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$155.20	\$155.20	10/1/2008
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$191.35	\$191.35	10/1/2008
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$19.27	\$19.27	10/1/2008
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$36.33	\$36.33	10/1/2008
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$58.54	\$58.54	10/1/2008
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$108.13	\$108.13	10/1/2008
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$161.41	\$161.41	10/1/2008



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99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	\$42.00	\$42.00	5/1/2004
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJ	\$248.17	\$202.51	10/1/2008
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	\$110.91	\$101.62	10/1/2008
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$75.56	\$75.56	10/1/2008
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$105.08	\$105.08	10/1/2008
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$134.56	\$134.56	10/1/2008
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$37.36	\$37.36	10/1/2008
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$57.36	\$57.36	10/1/2008
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$76.59	\$76.59	10/1/2008
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$112.13	\$112.13	10/1/2008
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$55.84	\$55.84	10/1/2008
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$72.82	\$72.82	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSE	\$78.99	\$78.99	10/1/2008
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$52.75	\$52.75	10/1/2008
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$76.55	\$76.55	10/1/2008
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$124.24	\$124.24	10/1/2008
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$161.26	\$161.26	10/1/2008
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$190.74	\$190.74	10/1/2008
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$52.83	\$52.83	10/1/2008
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$81.20	\$81.20	10/1/2008
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$115.18	\$115.18	10/1/2008
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$165.07	\$165.07	10/1/2008
99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$65.59	\$65.59	10/1/2008
99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$91.64	\$91.64	10/1/2008
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$52.41	\$52.41	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$76.55	\$76.55	10/1/2008
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$121.19	\$121.19	10/1/2008
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$158.59	\$158.59	10/1/2008
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$190.74	\$190.74	10/1/2008
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$50.16	\$50.16	10/1/2008
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$75.49	\$75.49	10/1/2008
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$110.26	\$110.26	10/1/2008
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$154.44	\$154.44	10/1/2008
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$88.63	\$83.79	10/1/2008
99355	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED PH	\$87.18	\$81.96	10/1/2008
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING UNIT/FLOOR TIME	\$80.82	\$80.82	10/1/2008
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING UNIT/FLOOR TIME	\$81.16	\$81.16	10/1/2008
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FACE-TO	\$92.59	\$92.59	10/1/2008
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT	\$44.60	\$44.60	10/1/2008



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99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN	\$52.56	\$52.56	10/1/2008
99363	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$106.00	\$71.83	10/1/2008
99364	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$36.49	\$27.57	10/1/2008
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$48.03	\$48.03	10/1/2008
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$31.00	\$31.00	10/1/2008
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT	\$61.74	\$51.34	10/1/2008
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT	\$103.10	\$96.40	10/1/2008
99377	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$61.74	\$51.34	10/1/2008
99378	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$110.53	\$103.83	10/1/2008
99379	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$61.40	\$51.00	10/1/2008
99380	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$92.32	\$79.72	10/1/2008
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$94.16	\$58.00	10/1/2007



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$101.85	\$67.33	10/1/2008
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$100.26	\$67.33	10/1/2008
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$109.09	\$75.79	10/1/2008
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$109.09	\$75.79	10/1/2008
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$127.63	\$93.15	10/1/2008
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$138.89	\$101.24	10/1/2008
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$75.38	\$50.42	10/1/2008
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$84.24	\$58.87	10/1/2008
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$83.43	\$58.87	10/1/2008
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$91.52	\$67.33	10/1/2008



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$92.33	\$67.33	10/1/2008
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$101.16	\$75.79	10/1/2008
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$112.83	\$84.69	10/1/2008
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$34.54	\$21.94	10/1/2008
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$58.35	\$44.60	10/1/2008
99403	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$81.73	\$67.26	10/1/2008
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$104.82	\$89.58	10/1/2008
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$12.72	\$7.16	10/1/2008
99412	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$18.02	\$11.69	10/1/2008
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEAL	\$8.53	\$8.53	10/1/2008
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	BR	BR	1/1/1992



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABL	\$12.42	\$11.31	10/1/2008
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABL	\$22.66	\$21.56	10/1/2008
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABL	\$33.63	\$32.53	10/1/2008
99460	Initial hospital or birthing center care, per day, for evaluation and management	\$53.64	\$53.64	1/1/2009
99461	Initial care, per day, for evaluation and management of normal newborn infant se	\$82.28	\$60.37	1/1/2009
99462	Subsequent hospital care, per day, for evaluation and management of normal newbo	\$28.72	\$28.72	1/1/2009
99463	Initial hospital or birthing center care, per day, for evaluation and management	\$72.10	\$72.10	1/1/2009
99464	Attendance at delivery (when requested by the delivering physician) and initial	\$67.27	\$67.27	1/1/2009
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation	\$138.56	\$138.56	1/1/2009
99466	Critical care services delivery by a physican, face-to-face, during an interfaci	\$221.27	\$221.27	1/1/2009
99467	Critical care services delivery by a physican, face-to-face, during an interfaci	\$110.26	\$110.26	1/1/2009
99468	Initial inpatient neonatal critical care, per day, for the evaluation and manage	\$828.50	\$828.50	1/1/2009
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and man	\$361.61	\$361.61	1/1/2009



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99471	Initial inpatient pediatric critical care, per day, for the evaluation and manag	\$741.80	\$741.80	1/1/2009
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and ma	\$366.24	\$366.24	1/1/2009
99475	Initial inpatient pediatric critical care, per day, for the evaluation and manag	\$510.70	\$510.70	1/1/2009
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and ma	\$302.91	\$302.91	1/1/2009
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE	\$319.55	\$319.55	10/1/2008
99478	Subsequent intensive care, per day, for the evaluation and management of the rec	\$132.02	\$132.02	1/1/2009
99479	Subsequent intensive care, per day, for the evaluation and management of the rec	\$115.86	\$115.86	1/1/2009
99480	Subsequent intensive care, per day, for the evaluation and management of the rec	\$111.33	\$111.33	1/1/2009
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	BR	1/1/1992
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$34.51	\$34.51	10/1/2008
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$19.42	\$8.30	10/1/2008
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$44.37	\$44.37	10/1/2008
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$29.97	\$29.97	10/1/2008
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	BR	BR	1/1/2001



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G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$45.11	\$45.11	10/1/2008
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$59.04	\$59.04	10/1/2008
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$62.65	\$43.15	10/1/2008
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$37.46	\$22.16	10/1/2008
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$40.96	\$24.87	10/1/2008
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$9.34	\$9.34	10/1/2008
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$65.28	\$65.28	10/1/2008
S0270	PHYSICIAN MGT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	BR	BR	4/1/2007
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAY	BR	BR	4/1/2007
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE 30 DA	BR	BR	4/1/2007